



**Iowa Department of Human Services**

# Medicaid Eligibility 101 Overview

Iowa Mental Health and Disability  
Services Commission

September, 2017

# Federal legal basis

- Title XIX of the Social Security Act
  - Created in 1965
  - Numerous congressional actions added mandatory and optional categories of eligibility over the years
  - Affordable Care Act (ACA) March 23, 2010
- Code of Federal Regulations
  - Title 42 – Public Health
  - Chapter IV - Centers For Medicare & Medicaid Services, Department Of Health And Human Services
  - Subchapter C – Medical Assistance Programs
  - Parts 430-481

# State legal basis

- Iowa Code
  - Title VI Human Services
  - Chapter 249A Medical Assistance
- Iowa Administrative Code (Rules)
  - 441 Human Services
  - Medicaid Eligibility - Chapters 74, 75, 76
  - ***hawk-i*** (CHIP) – Chapter 86

# Who May be Eligible for Medicaid

The following can be eligible for Medicaid:

- Families with dependent children
- Pregnant women
- Children (up to age 18)
- Children in foster care/subsidized adoption (up to age 21)
- Adults aged 19 thru 64
- Children formerly in foster care
- Age 65 or older
- Disabled
- Blind

# Main Coverage Groups

Pre-ACA	Beginning 1/1/2014
FMAP Groups (Family Related)	Modified Adjusted Gross Income (MAGI)
SSI-Related Groups (Aged, blind, disabled)	Non-MAGI

# MAGI Coverage Groups

Provides coverage to families and adults who aren't elderly or disabled:

Coverage Group	Who is covered?
Family Medical Assistance Program (FMAP)	Parents/caretakers with children < 18
Transitional Medicaid	Families who loose FMAP due to earnings
Mothers and Children (MAC)	Pregnant and postpartum women and children < 19
Child Medical Assistance Program (CMAP)	Children < 21 placed in licensed foster care or with a subsidized adoption agreement who aren't eligible for IV-E
Medicaid for Independent Young Adults (MIYA)	Youth < 21 who have been in foster care
Former Foster Care (e-MIYA)	Young adults 18 thru 25 who were formerly in foster care

# MAGI Coverage Groups

Coverage Group	Who is covered?
Iowa Health and Wellness Plan (IHAWP)	Adults age 19-64

# Non-MAGI Coverage Groups

Provides coverage for people age 65 or older or people who are disabled or blind

Coverage Group	Who is covered?
Supplemental Security Income (SSI)	SSA determines -aged, blind, disabled & meet income/asset limits
SSI-Related	Would get SSI except for specific circumstances
Medicare Savings Programs	People who need help with Medicare
Medicaid for Employed People with Disabilities (MEPD)	Disabled people < 65 who have earnings
State Supplementary Assistance	Low income people in various living situations
Medical Institutions	People who need help paying for care in a hospital or nursing home
HCBS Waivers	People who need help paying for care in their own home



# ACA Fundamental Changes

Pre-ACA	Eligibility under the ACA
Eligibility determinations are a manual process with frequent requests to client	ACA requires states to do eligibility determinations in real time (or near real time). Iowa has CMS approval to delay this while we work on other critical system priorities
Separate applications for Medicaid and <i>hawk-i</i>	Seamless, integrated eligibility – states must use federal health care application or get federal approval to use alternative
Applicants must provide proof of income, ID, citizenship, alien status	States must use data matches and only ask client for proof as a last resort
Only verified income is used to determine eligibility	States must apply a “reasonable compatibility test” that determines what is verified

Note: Currently only doing this for MAGI. Will need to apply these concepts to non-MAGI when we add those cases to the new eligibility system (ELIAS)

# ACA Coverage Group Changes

Pre-ACA	Beginning 1/1/2014
IowaCare Program	Iowa Health and Wellness Plan
Former Foster Care (up to age 21)	Foster Care (up to age 26)
Presumptive Providers (small group)	Presumptive Providers (expanded group)
CMAP for all children < 21	Eliminates CMAP except for kids in foster care or a subsidized adoption arrangement

# ACA MAGI Changes

Pre-ACA	MAGI
Household size and countable income based on relationships and living situation	Size and income based on tax filing status
Income includes disregards, diversions, and deductions	Income is Modified Adjusted Gross Income (MAGI) with a 5% disregard
Disregards, diversions and deductions are subtracted from gross income	CMS “converted” income limits to MAGI, taking into account disregards, diversions and deductions
Resources are counted for adults	Resources are not counted for MAGI groups
All income is countable unless exempt	ACA exempts some previously countable income (e.g. child support, depreciation allowable expense)

# Medicaid Eligibility

- DHS requires proof of all eligibility factors except residency and household size. However if the worker questions either, they will request proof
- Eligibility factors are Non-financial and Financial

# Non-Financial Eligibility

- Some of these requirements are:
  - Identity
  - U.S. Citizenship or qualified alien status
  - Social Security Number or application for Social Security Number
  - Age
  - Iowa Residency
  - Disability, when used as the basis for eligibility

# Non-financial Eligibility

- Residents of Medical Institutions and Home-and Community-Based Waiver applicants also:
  - Must meet a certain level of care
  - Have lived in an institution for 30 consecutive days, if in the 300% eligibility group



# Financial Eligibility

- Income
- Resources/Assets

# Income

- Income can be either money that is:
  - Earned (from work, labor, or service)
  - Unearned (not gained from work, labor, or service)
- SSI-related coverage groups also count “in-kind income”
  - “In-kind income” is not money. It is food or shelter, or something that can be sold or converted to obtain food or shelter



# Non-MAGI Income-Related Eligibility

Pre-ACA (SSI-Related Groups)	Eligibility under ACA (Non-MAGI)
Income and Resources Counted	No change

Note: ACA Fundamental changes from slide 7 will apply

# Resources/Assets

- Any money or item that can be cashed, sold, or converted to cash to help pay for medical care
- Unless specifically exempt, all resources are considered countable (under current policy) for non-MAGI groups
- Resources are determined as of the 1<sup>st</sup> moment of the 1<sup>st</sup> day of the month that the application was submitted

# Presumptive Eligibility (PE)

- Offers immediate access to health services by providing temporary Medicaid or ***hawk-i*** for most MAGI groups
- Assures timely access to care while a final eligibility determination is made
- Promotes enrollment (beyond the interim PE period) in ongoing Medicaid coverage by offering additional channels through which individuals can apply

# Presumptive Eligibility (PE)

- Presumptive Providers (PP) are authorized by DHS
- Only employees of PP have authority to make PE determinations and must agree to follow DHS policies and procedures
- State provides oversight to ensure proper administration of PE

# Other Eligibility Information

- Medicaid, Medical Assistance and Title 19 (T-19) mean the same thing
- For all coverage groups, Medicaid
  - begins the first day of the month
  - retroactive eligibility is given for up to 3 months prior to the month of application when a person is eligible and has bills for medical services in those 3 months.
- Members can have other health insurance and Medicaid at the same time. The other insurance is the primary insurance and pays first

# Other Eligibility Information

- Eligibility is reviewed every 12 months for most cases. A review form is mailed to the last known address
- Members must report changes in circumstances including but not limited :
  - Address
  - Receipt of a social security number.
  - Household membership
  - Alien or citizenship status
  - Health insurance premiums or coverage
  - Tax filing status or claimed dependents (MAGI)
  - Income
  - Resources (non-MAGI)

# Other Eligibility Information

- A Medicaid member is entitled to all services given by Medicaid, except for programs with limited services
- Emergency Services:
  - States must provide limited Medicaid coverage for emergency medical services to individuals who:
    - meet all other Medicaid eligibility requirements
    - but who do not meet citizenship or alien eligibility requirements.
  - Coverage is limited to services necessary to treat an emergency medical condition for the duration of the emergency

# Other Eligibility Information

- Limited Medicaid for Inmates:
  - Individuals who are incarcerated may be eligible for limited Medicaid coverage when they are admitted to a medical institution such as a hospital
  - Payment is limited to inpatient hospital services
  - DHS and DOC have developed a special application process for DOC inmates
- An inmate RELEASED on probation or parole, even if living in a halfway house/residential facility, are not considered incarcerated and can get full Medicaid, if otherwise eligible.



# How care is delivered

- Fee-for-service (FFS) – state contracts directly with providers and directly pays them for services
- Managed care organizations (MCO) – state contracts with the managed care companies to “manage the delivery of health care” (similar to employers)



# Member Identification

## Member Has Two Cards

### 1. Medicaid Card

- Member receives or continues to use Medicaid ID card for dental or fee-for-service.

### 2. MCO Card

- MCO sends member ID card for use after MCO enrollment.



# MCO ID Cards



# Where to Apply for Medicaid?

- Online at:  
<https://dhsservices.iowa.gov/apsspssp/ssp.portal>
- By phone: **1-855-889-7985**, Monday-Friday,  
7:00 a.m.- 6:00 p.m
- On paper and mail the application to the address  
listed on the application
- Apply in person at the DHS local office

# Member's Contact Information

Member Services		
Iowa Medicaid Contacts		
Iowa Medicaid Member Services		Phone: 1-800-338-8366 8:00 a.m. – 5:00 p.m., Monday- Friday Fax: 515-725-1351 Email: <a href="mailto:IMEMemberServices@dhs.state.ia.us">IMEMemberServices@dhs.state.ia.us</a> Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>
<i>hawk-i</i>		Phone: 1-800-257-8563 8:00 a.m. – 6:00 p.m., Monday- Friday Website: <a href="http://www.hawk-i.org/">http://www.hawk-i.org/</a>
DHS Contact Center (Help applying for Medicaid or checking on an application)		Phone: 1-855-889-7985 7:00 a.m. – 6:00 p.m., Monday- Friday
DHS Customer Service (Report a birth, change of address, income change, etc.)		Phone: 1-877-347-5678 8:00 a.m. – 4:30 p.m., Monday- Friday
MCO Contacts		
Amerigroup Iowa, Inc.	Member Services	Phone: 1-800-600-4441 Email: <a href="mailto:MPSWeb@amerigroup.com">MPSWeb@amerigroup.com</a> Website: <a href="http://www.myamerigroup.com/IA">http://www.myamerigroup.com/IA</a>
AmeriHealth Caritas Iowa, Inc.	Member Services	Phone: 1-855-332-2440 Email: <a href="mailto:members@amerihealthcaritasia.com">members@amerihealthcaritasia.com</a> Website: <a href="http://www.amerihealthcaritasia.com">http://www.amerihealthcaritasia.com</a>
UnitedHealthcare Plan of the River Valley, Inc.	Member Services	Phone: 1-800-464-9484 Website: <a href="http://www.uhccommunityplan.com/">http://www.uhccommunityplan.com/</a>

# Contact Information

	Information on the Web
General Information	<a href="http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization">http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization</a>
IA Health Link	<a href="http://dhs.iowa.gov/iahealthlink">http://dhs.iowa.gov/iahealthlink</a>
Informational Letters	<a href="http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins">http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins</a>
Frequently Asked Questions	<a href="https://dhs.iowa.gov/iahealthlink/faqs">https://dhs.iowa.gov/iahealthlink/faqs</a>
Presumptive Eligibility Materials	<a href="http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools/PresumptiveEligibility">http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools/PresumptiveEligibility</a>



# Provider's Contact Information

Provider Services		
Iowa Medicaid Contacts		
Iowa Medicaid Provider Services		Phone: 1-800-338-7909 7:30 a.m. – 4:30 p.m., Monday- Friday Fax: 515-725-1155 Email: <a href="mailto:IMEProviderServices@dhs.state.ia.us">IMEProviderServices@dhs.state.ia.us</a> Website: <a href="https://dhs.iowa.gov/ime/providers">https://dhs.iowa.gov/ime/providers</a>
Verify Medicaid Member Eligibility (including MCO assignment, beginning April 1)		Eligibility Verification System (ELVS) 1-800-338-7752 (available 24/7)
MCO Contacts		
Amerigroup Iowa, Inc.	Provider Services	Phone: 1-800-454-3730 Email: <a href="mailto:iowamedicaid@amerigroup.com">iowamedicaid@amerigroup.com</a>
AmeriHealth Caritas Iowa, Inc.	Provider Services	Phone: 1-855-287-7855 Email: <a href="mailto:IowaProviderNetwork@amerihealthcaritas.com">IowaProviderNetwork@amerihealthcaritas.com</a>
UnitedHealthcare Plan of the River Valley, Inc.	Provider Services	Phone: 1-888-650-3462 Email: <a href="mailto:IowaCommunityNetwork@uhc.com">IowaCommunityNetwork@uhc.com</a>



# Contact Information

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# Questions???